| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
|---|---|
| c/o Robert L. Ayers 8200 N. Austin Avenue Morton Grove, Illinois 60053 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7003 3110 | 0004 0799 2918 102595-02-M-1540 |

PS Form 3811, August 2001

Domestic Return Receipt